### N208PC

# Planning Statutory Review Part 8 Claim Form (CPR8.1(6) and

**Practice Direction 8C)** 

	For Court use only
Planning Court Reference No.	
Date filed	

In the High Court of Justice Planning Court in the Administrative Court



## **SECTION 1** Details of the claimant(s) and defendant(s)

Claimant(s) name(s) and add	dress(es)	1st Defendant
<sub></sub> name		name
raddress——————————————————————————————————		Defendant(s) or (where known) Defendant(s) legal representative(s) address to which documents should be sent.
Telephone no.	Fax no.	address
Claimant(s) or claimant(s) le to which documents should		address  Telephone no.  Fax no.  E-mail address
Telephone no.—	<sub>[</sub> Fax no.	2nd Defendant name
E-mail address	1000	Defendant(s) or (where known) Defendant(s) legal representative(s) address to which documents should be sent.
Claimant(s) Counsel's detail:	S	name
address —		address
		Telephone no. Fax no.
Telephone no.	Fax no.	E-mail address
E-mail address		

#### SECTION 2 Details of other interested parties as set out in paragraph 4 of PD 8C

Include name and address and, if appropriate, details of DX, telephone or fax numbers and e-mail name <sub>-</sub>name raddressaddress-Telephone no.-Fax no. Telephone no. Fax no. E-mail address E-mail address SECTION 3 Details of the decision to be statutorially reviewed Decision: This claim for statutory review is being made under the following section as set out in CPR PD 8C 1.1:section 287 of the Town and Country Planning Act 1990 section 288 of the Town and Country Planning Act 1990 section 63 of the Planning (Listed Buildings and Conservation Areas) Act 1990 section 22 of the Planning (Hazardous Substances) Act 1990 section 113 of the Planning and Compulsory Purchase Act 2004 other, please state Date of decision: Name and address of the authority, tribunal or minister of the Crown who made the decision to be reviewed. <sub>-</sub>name address

## SECTION 4 Permission to proceed with a claim for a planning statutory review I am seeking permission to proceed with my claim for a planning statutory review. Are you making any other applications? If Yes, complete Section 7. □No Yes Is the claimant in receipt of a Community Legal Service Fund (CLSF) certificate? Yes □No Are you claiming exceptional urgency, or do you need this application No Yes determined within a certain time scale? If Yes, complete Section 7. Have you issued this claim in the region with which you have the closest Yes No connection? (Give any additional reasons for wanting it to be dealt with in this region in the box below). If No, give reasons in the box below. Does the claim include any issues arising from the Human Rights Act 1998? If Yes, state the articles which you contend have been breached in the box below. $\Box$ Yes No **SECTION 5 Detailed statement of grounds** set out below attached

CTION 6 Details of remedy (i	
set out below	attached
CTION 7 Other applications	
TION 7 Other applications  set out below	attached
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	FION 8 Statement of fac			
	set out below	attached		
SEC.	TION 9 Supporting docu	umants		
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-		It to support your claim but do not presen available and give reasons why it is not pro	•	
	•	oxes in relation to the papers you are filing	·	
	ng later.		<b>5</b>	,,
	Detailed statement of grou	unds	set out in Section 5	attached
	Application for directions		set out in Section 7	attached
		ad an	_	
	Statement of the facts relie		set out in Section 8	attached
	Written evidence in suppo	rt of the claim		attached
	•	ning statutory review relates to a decision oproved copy of the reasons for reaching	l	attached
	that decision	oproved copy of the reasons for reaching		
	Copies of any documents of	on which the claimant proposes to rely		attached
	A copy of the legal aid or C	SLF certificate (if legally represented)		attached
	Copies of any relevant stat			attached
		·		
	A list of essential documer (with page references to the page)	nts for advance reading by the court assages relied upon)		attached

Reasons why you have not supplied a document and date when you expect it to be available:-		
Statement of Truth		

Statement of Truth				
I believe (The claimant believes) that the facts stated in this claim form are true.				
Full name				
Name of claimant's legal representative's firm				
Signed	Position or office held			
Claimant ('s legal representative)		(if signing on behalf of firm or company)		